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PTO/SB/122
0036.0036

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Application

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Application Number	09/457,150
Filing Date	December 8, 1999
First Named Inventor	D.M. Carney et al.
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	BO999009

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I am the:

- Applicant/Inventor
- Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- Attorney or Agent of Record. Registration Number Registration No. 39,867.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	David W. Victor		
Signature			
Date	November 10, 2003	Telephone	(310) 553-7977

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

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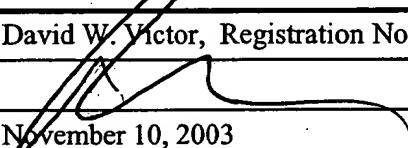
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TRANSMITTAL FORM		Application Number	09/457,150
<i>(To be used for all correspondence after initial filing)</i>	Filing Date	December 8, 1999	
	Inventor	D.M. Carney et al.	
	Group Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in this Submission: 2	Attorney Docket Number	BO999009	NOV 18 2003 Technology Center 2600

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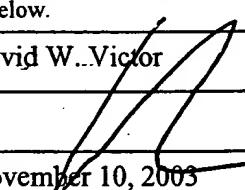
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867
Signature:	
Date:	November 10, 2003
KONRAD RAYNES VICTOR & MANN, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983	
<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 50-0563	

CERTIFICATE OF MAILING OR TRANSMISSION

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Typed or Printed name:	David W. Victor
Signature:	
Date:	November 10, 2003
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